

**Wisconsin Family Care Consumer Corp Training Program
Registration—August 30, 2007**

Name: _____

Address: _____

City: _____ **County:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Are You Representing People: Over the Age of 60? _____ **and/or Disabled?** _____

Organization/s You Are Representing: _____

The Following are optional:

Do You Have any Prior Knowledge of Family Care? Describe: _____

How do you Plan to use the Information You Learn From this Training? _____

Please List any Special Needs Accommodations That You Require: _____

Please Return to:

**CWAG-Family Care Consumer Corp Training
2850 Dairy Dr.**

Madison, WI 53718

Questions: Call Glenna at 800-366-2990, ext 326

Or 608-224-0606, Ext. 326

Or e-mail to: glennas@cwag.org

Or Fax to: 608-224-0607



Coalition of Wisconsin Aging Groups
Advocacy ■ Membership ■ Legal Services

**Securing the Present,
Protecting the Future**